

City and County Borough of



Canterbury
1962



ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

Including the Report of the
CHIEF PUBLIC HEALTH INSPECTOR
and the Report of the
Medical Director of the Child Guidance Clinic
for the year
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CITY OF CANTERBURY—1963

Mayor :
COUNCILLOR E. E. KINGSMAN

Chairman—Health Committee :
COUNCILLOR H. M. KENNY

Chairman—Education Committee :
ALDERMAN S. H. JENNINGS, O.B.E.

Chairman—Sanitary and Licensing Committee :
COUNCILLOR K. G. HILLS

Town Clerk and Welfare Officer
J. BOYLE, LL.B.

Director of Education :
N. POLMEAR, M.A.

Medical Officer of Health and Principal School Medical Officer .
MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

Chief Public Health Inspector :
T. L. MARTIN, A.R.S.I., M.S.I.A.

COMMITTEE MEMBERSHIP, 1963

Mayor :

COUNCILLOR E. E. KINGSMAN.

Health Committee :

Chairman : Councillor H. M. KENNY.

City Council Members : Alderman A. W. FOWLER, Alderman MRS E. M. HEWS, C.B.E., Alderman W. S. BEAN, Councillor B. A. PORTER, Councillor MRS. E. M. ROTHERMELL, Councillor J. J. ROOK, Councillor K. G. HILLS, Councillor H. H. RIMELL, Councillor MRS. K. M. ELLIS.

Co-opted or Representative Members : MISS M. SHEEHAN, Matron, Kent and Canterbury Hospital; DR. G. G. M. MILES, Local Medical Practitioner; MR. A. S. HAINES, Kent and Canterbury Executive Council; MRS. H. V. PAGE, Canterbury Group Hospital Management Committee; MRS. M. INGRAM.

Mental Health Services Sub-Committee :

Chairman : Councillor H. M. KENNY.

City Council Members : Councillor MRS. E. M. ROTHERMELL, Councillor K. G. HILLS, Councillor MRS. K. M. ELLIS.

Co-opted or Representative Member : DR. G. G. M. MILES.

Sanitary and Licensing Committee :

Chairman : Councillor K. G. HILLS.

City Council Members : Alderman H. P. DAWTON, Alderman A. W. FOWLER, Alderman P. BOTTING, Councillor C. A. L. ASH, Councillor E. G. SHERSBY, Councillor P. L. WOOD, Councillor H. H. RIMELL, Councillor H. J. BUCKWORTH.

Education Committee :

Chairman : Alderman S. H. JENNINGS, O.B.E.

City Council Members : Alderman A. W. FOWLER, Councillor K. G. HILLS, Councillor H. M. KENNY, Councillor T. McCALLUM, Councillor REV. C. F. PARE, Councillor H. H. RIMELL, Councillor MRS. E. M. ROTHERMELL, Councillor E. G. SHERSBY, Councillor MRS. K. M. ELLIS.

The Right Worshipful the Mayor, the Aldermen and the Councillors of the City and County of Canterbury.

I have the honour to present the Annual Report concerning the year 1962.

The year opened with the publication of the Hospital Plan for England and Wales and as a corollary of that forward look, the local health authorities were asked to produce their plans of progress for the next ten years. Thus 1962 was an outward and onward looking year when we took a critical look at the present arrangements and expressed our intentions for the future. The Minister of Health presented his Blue Book on these plans in April, 1963, and it is relevant to quote from the introduction to that Blue Book.

“The very meaning of health and well-being constantly broadens as society recognises new possibilities of achievement through medical advance and attains a deeper understanding of human needs.”

We have yet to learn the views of the Sub-Committee of the Standing Medical Advisory Committee of the Central Health Services Council on the field of work of the family doctor. This projection of family doctor practice in the foreseeable future will help local health authorities in the reviews of their plans and the evolution of their services. It has been wisely decreed that the ten year plan is not an automatic pilot to be followed for a decade but is a guide to the way ahead. Each year we are to review the plan and foresee ten years on from there, but especially we are to reach towards services “increasingly sensitive to the specific needs and individual characteristics of the people they are designed to serve.”

Throughout the years during which I have been submitting annual reports to you my aim has been to remind you that voluntary work has not been displaced by the “welfare state.” Many of the services which you now provide were pioneered by voluntary organisations. Voluntary workers assist in the child welfare clinics. The Training Centre receives much support from the Association of Parents. The Ambulance Service builds on a groundwork laid by the Order of St. John and the British Red Cross Society.

The Family Planning Association stepped in to fill a gap in our local services for which we found it difficult to provide. The W.V.S. is industrious in many fields of work including the ‘Meals on Wheels’ service and has a capacity for meeting emergencies which is referred to below and is well recognised in Civil Defence

work. It would be good to list all the voluntary service given in the City but I know but half of it and that is beyond the limit of my printing space.

One development that has come out of the planning is an arrangement to meet annually with representatives of the Voluntary Organisations working in the health and welfare field in the City to air views and discuss progress. Benefits have already come from the first meeting held in 1962.

This preface to the report proper which is concerned with the work of the home health, public health, school health and child guidance services, is rounded off by mention of a combined operation in voluntary service carried out early this year during the very cold weather when coal delivery services were overwhelmed by demand and difficult conditions. It became apparent through information from home helps, nurses, neighbours and clergy that certain old people and needy families were in serious difficulty over heating fuel. The W.V.S. organised. The coal merchants co-operated benevolently. The Press publicised and a generous first donation was followed by many others to meet the cost. Boys from Frank Hooker School, Archbishop's School and King's School helped load and deliver, and five City firms helped with transport and drivers. As a result the W.V.S. were able to report that 200 old people or needy families received 1 cwt. of free coal and over 10 tons of coal was delivered in bags of 28 lbs. Over £147 was received in donations including £60 from the boys of the King's School. The recipients were identified by Meals on Wheels drivers, District Nurses, Home Helps, Health Visitors, family doctors and others. In addition to coal, parcels of groceries, warm blankets and clothing were given where there was special need. This "Operation Wenceslas" warmed the hearts of those who worked on it as well as the hearths of those who were helped.

Amongst the individual characteristics of the people who live, work and study in this City is this strong sense of community which makes us well fitted to continue to manage our own health and welfare services, and be it noted, there is no absence of this sense in the youth of the City.

Your obedient servant.

MALCOLM S. HARVEY.

ANNUAL REPORT, 1962

Local and Social Circumstances.

The planning of health and welfare services already referred to may seem late in time to those who view the continued redevelopment of the City and note how the busy shopping centre is to be freed of some of its traffic by the A2 diversion that will bring London traffic outside the City wall. As anticipated in the Annual Report for 1960 this road has separated the London Road Estate from the City. New habits are required of the shopping community in this estate who must now be helped to use the underpass pathway to go beyond this barrier, a problem of education for the Accident Prevention Council to handle.

Communications will open up in due course between St. Stephens and the Forty Acres locality which will link the Whitstable Road with the St. Stephens area and bring St. Stephens within reach of the London Road Welfare Clinic.

University development in the St. Thomas's Hill and Blean locality will hasten housing development thereabouts and increase population on that fringe.

The Broad Oak Road industrial development made some further progress during the year. The new Technical College is under construction. A start was made also on the building of the Christchurch Teachers' Training College, an establishment that is worthy of the City in its comprehensive layout and modest seclusion, in the shadows of St. Augustine's College and H.M. Prison which should encourage a sympathetic approach to education.

The state of employment showed a marked decline by the end of the year which was not only seasonal but was made worse by the winter's severity. This influence was not seen on female employment. The following figures have kindly been supplied by the Manager of the Ministry of Labour Employment Exchange :

		1962	1961	1960
Male—Mid	...	116	89	99
End	...	231	116	160
Female—Mid	...	24	22	25
End	...	62	36	65

General Statistics.

Area : 4,810 acres. Population (mid-1962) : 30,720.

Inhabited dwellings (Rate book 31.3.63) : 9,936. Increase over 1961 : 146.

Rateable Value : £580,923. Penny rate represents £2,372.

Live births per 1,000 population : 16.1.

Death rate, all causes, per 1,000 population : 13.6.

Infant Mortality per 1,000 live births : 25.8.

Peri-natal mortality per 1,000 live and stillbirths : 18.

Illegitimate live births per cent. of total live births : 6.4.

More detail is given at the end of the section of the report dealing with Home Health Services.

Staffing.

Mr. A. Head was appointed as Social and Mental Welfare Officer in succession to Mr. Rainer. In anticipation of Miss E. Ford's retirement as Supervisor of the Canterbury Training Centre, Mrs. Monti was appointed to succeed her and they worked in joint harness for the first term of 1963. Mrs. Carr-Jones, Health Visitor, was appointed to succeed Miss Macken. The untimely death of Mrs. O. A. Elkington deprived us of the services of a conscientious and well respected midwife. The Rodent Officer, Mr. A. C. Tompkins, moved over to the Ambulance Service and was replaced by Mr. A. Baughan.

HOME HEALTH SERVICES

Care of Mothers and Young Children.

The clinics, one central and three outlying, are provided to meet the needs of the community as near to their homes as possible. Future plans which provide for a large central clinic will not remove the need for at least two of the outlying clinics, one of which will need new premises to be provided in the course of developing the area.

The Ante-natal clinic provided in the Central Clinic provides relaxation classes and mothercraft talks as well as medical ante-natal supervision and dental inspection. The great majority of domiciliary deliveries receive their ante-natal care from the family doctor at his surgery, but such mothers are referred to the clinic to attend the relaxation group and classes, and also for blood test and dental check-up. Services wives booked at Shorncliffe Military Families Hospital attend the clinic for their intermediate ante-natal supervision and a number of mothers attend from the surrounding County area. Personal progress cards are carried by the mother to ensure continuity of records in these cases.

Dental arrangements at the Central Clinic provide for check-up of expectant and nursing mothers, and toddlers referred by the clinic medical officers or invited to attend for a birthday check on their 3rd and 4th birthdays. The response to the latter arrangement, which was only fully implemented in 1963 after enlargement and re-equipping of the surgery, will be watched with interest. It is a measure in dental health essential in this area.

Welfare foods are on sale at all child welfare clinics with the main supply depot in the Central Clinic. For the convenience of mothers in attendance at child welfare clinics a small stock of proprietary baby foods and supplements is held. Sale at slightly reduced cost is possible but supply is subject to the guidance of the doctor in attendance. Accommodation is provided at the Central Clinic for the storage of larger stocks of dried milk if this is ever necessary.

Maternity packs (for contents see 1961 Annual Report) are issued from the Central Clinic on request from the midwife booked.

Mothers may book a midwife for their domiciliary confinement by calling in at the Central Clinic.

The ante-natal clinic has a doctor in attendance at each session. The sessions in 1962 were shared between a local G.P. obstetrician and one of the Council's medical officers. The midwives attend.

The Child Welfare Clinics are staffed by local general practitioners and one of the Council's medical officers. The Health Visitors are helped by voluntary workers and are thus able to give more time to discussion with each mother about her child's progress. Voluntary workers also help with the sale of welfare foods at the three outlying clinics.

At all sessions attended by a doctor protective inoculation or vaccination is offered : against smallpox, diphtheria, whooping-cough, tetanus and poliomyelitis.

The following figures relate to the arrangements described above :

Ante-natal Clinic:

Sessions	...	...	...	...	...	...	61
First attendances during 1962	...	...	...	...	...	...	161
Total attendances in 1962	...	...	...	...	...	...	380
Blood tests taken	...	...	...	...	...	...	147
Post-natal examinations	...	...	...	...	...	...	6
In attendance 1.1.62	...	...	...	...	...	...	44
In attendance 31.12.62	...	...	...	...	...	...	49

Relaxation Classes:

Sessions held	...	...	...	...	...	...	45
Mothers in attendance during 1962	...	...	...	...	...	...	126
Total attendances	...	...	...	...	...	...	682
Mothercraft talks given at ante-natal clinic	...	...	...	...	...	...	51

The ante-natal clinic is held at the Central Clinic, Stour Street, each Wednesday at 2.15 p.m. Relaxation classes, Mothercraft talks and the Priority Dental Service Clinic are all held on the same afternoon at the same time in the same building in order that a mother may benefit from all at the one visit.

Child Welfare Clinics:

Monday, 2 p.m., 51 London Road, May Hooker Memorial Clinic : Doctor, Health Visitor and W.V.S. voluntary workers (London Road Clinic).

Tuesday, 2 p.m., Hollow Lane, Wincheap Primary School : Doctor (alternate weeks), Health Visitor and voluntary workers (Wincheap Clinic).

Tuesday, 2 p.m., Welfare Hut, Military Road : Doctor, Health Visitor and voluntary workers (Northgate Clinic).

Thursday, 2 p.m., Central Clinic, Stour Street : Doctor, Health Visitors and voluntary workers.

Friday, 2 p.m., Central Clinic, Stour Street : Toddlers' Clinic : Doctor, Health Visitor and voluntary workers.

Attendances :

	Age	Group :	Central	Wincheap	North-gate :	London Road :	Total
(Children on Clinic Register 31.12.61)	Under 1	184	55	66	101	406	
	1-5 years	332	72	57	78	539	
Children on Clinic Register 31.12.62	Under 1	168	69	38	64	339	
	1-5 years	184	115	54	74	427	
	First attended during 1962—Under 1						
	1-5 years						
	Total attendances made by children						
	Under 1						
	1-5 years						
	Doctors' consultations						
	Under 1						
	1-5 years						

Out of the 2,550 attendances over the age of 1 year, 1,143 or 45% were over 2.

Welfare Foods.

The uptake in 1962 is shown below compared to previous year's uptake :

		1962	1961
National Dried Milk	...	6,642	7,993
Orange Juice	...	6,769	10,879
Cod Liver Oil	...	453	1,182
Vitamins A and D Tablets	...	1,002	1,436

Premature Infants.

Out of the 497 live births to Canterbury mothers 34 were premature; 28 born in hospital and 6 in domiciliary practice. There were no premature stillbirths.

Rate per 1,000 total births for previous 6 years (1957-62 in that order) : 76, 55, 73, 60, 69, 70.

Equipment for home care of the premature infant is available.

Priority Dental Care.

During 1962 the dental surgery in the Central Clinic was enlarged, improved and re-equipped and a waiting room was provided. This work unavoidably interfered with the ease of referral from the ante-natal or child welfare clinic to the dental clinic and attendance figures fell. Only 16 sessions could be held in the dental clinic during the year.

Numbers provided with dental care :

	Examined	Needing Treatment	Treated	Made Dentally Fit	Number of Attendances
Expectant and Nursing Mothers	52	40	55	43	128
Children under Five ..	44	44	56	58	72

Forms of dental treatment provided:

Extractions	Anæsthetics		Fillings	Scalings or Scaling and Gums Treatment	Silver Nitrate Treatment	Dressings	Radio-graphs	Dentures Provided	
	Local	General						Complete	Partial
Expectant and Nursing Mothers	73	4	21	30	12	12	22	1	13
Children Under Five	44	1	20	—	—	40	12	—	—

Additions to existing dentures—1.

*Repairs to Dentures—Nil.

Domiciliary Midwifery.

Four domiciliary midwives are provided in the City, one acting as general relief to the other three, two of whom are teacher midwives from whom Part II Training School nurses receive district training.

There was a home delivery rate of 41%, raised to 43% if Military families are excluded.

Births in Canterbury—At Home—

Doctor and/or Midwife	...	201
Elsewhere—		
Hospital	...	918
Total	...	1,119

Live Births to Canterbury mothers :

Kent and Canterbury Hospital	...	...	...	230
Domiciliary Practice (City Midwives)	...	...	...	199
Private Domiciliary Practice (City)	...	...	...	2
Military Families Hospital, Shorncliffe	...	...	...	25
St. Helier's Maternity Home, Tankerton	...	...	...	29
Elsewhere	...	...	...	12
				497

Only two stillbirths were recorded, both in hospital.

Breast Feeding.

Fifty per cent. of the home born babies were entirely breast fed at completion of the midwife's care. The Health Visitors who take over interest in the mother and child on the termination of the midwife's care help by test feeds and advice at specially arranged visits at home or in the clinic and in this field there is a good liaison between health visitor and family doctor.

Health Visiting.

The staff in 1962 was four health visitor/school nurses, a T.B. health visitor centred on the Chest Clinic giving the equivalent of $\frac{1}{3}$ rd/full time, a sponsored trainee health visitor and a part-time clinic nurse. The trainee completed her course successfully this year and is now added to the full-time staff.

<i>Visits to Infants and Children—</i>		1961	1962
Under 1 year—First Visits	...	466	517
Other Visits	...	1,975	1,978
1-5 years—Total Visits	...	2,739	2,946
<i>Visits to Expectant Mothers—</i>			
First Visits	...	113	132
Other Visits	...	57	55
Child Life Protection Visits	...	25	37
Visits to Old Persons	...	235	174
Other Visits, including infectious diseases, T.B. and after care and mental health		378	448

The figures for the Tuberculosis Health Visiting are as follows :

		1961	1962
Clinic Sessions	...	95	115
Mantoux Test Clinics	...	52	39
Home Visits	...	581	506
B.C.G. Clinics	...	18	34

An "at risk" register was established at the end of the year, of children whose background of conception, foetal history and natal experience justifies follow up to exclude or identify as early in life as possible any congenital consequences. A special visiting procedure is directed to this end in cases entered in the Register.

Home Nursing.

(Canterbury District Nursing Association have a staff of 5 nurses of whom 3 are Queen's Nursing Sisters).

Types of Case	Medical Cases	Surgical Cases	Cases of T.B.	Others	Cases Nursed	Total Visits	Cases Over 65	Visits to Patients Over 65
The year 1957	561	120	5	4	690	19,295	294	13,492
.. .. 1958	569	82	11	2	664	19,187	283	13,366
.. .. 1959	588	101	6	2	697	14,445	336	12,937
.. .. 1960	539	80	2	2	623	17,756	372	12,369
.. .. 1961	469	93	3	1	566	18,269	353	14,753
.. .. 1962	508	78	5	8	599	20,043	351	15,668

Vaccination and Immunisation.

The following tables show the work done during 1962. A special age-group check is being carried out to bring up to the optimum level the protection of the pre-school children.

The figures for smallpox vaccination show the public reaction to the outbreaks of this infection in Britain during 1962.

			Under 1	1-4	5-15	Over 15	Total		
Vaccination Against Smallpox	Primary Vaccination	Clinic	98	32	18	65	213		
		Family Dr.	247	74	174	9	504		
	Total		345	106	192	74	717		
	Revaccination	Clinic	—	4	35	357	396		
		Family Dr.	—	26	185	9	220		
	Total		—	30	220	366	616		
			Born in 1962	1961 /58	1957 /47	Others	Total		
Diphtheria Immunisation	Primary Immunisation	Clinic	45	81	3	—	129		
		Family Dr.	96	151	4	—	251		
	Total		141	232	7	—	380		
	Booster Dose	Clinic	—	3	58	—	61		
		Family Dr.	—	13	141	2	156		
			—	16	199	2	217		
Whooping Cough	No. of Cases Inoculated		141	224	5	—	370		
	Booster Dose		—	9	52	2	63		
Tetanus	No. of Cases Inoculated		141	230	9	—	381		
Canterbury Population Mid-1962			0 — 4		5 — 14		0 — 14		
			2,500		5,500		8,000		
Canterbury Births — 1961			...		478				
Canterbury Births — 1962			...		497				

An examination of the Protection register shows that 66% of the children born in 1961 have been vaccinated against Smallpox, and that on going to press 54% of those born in 1962 had been so protected.

Polio Vaccination.

Oral vaccine proved much more acceptable to the clinic doctors than to the family doctors as will be seen by the percentages in the following tables. Its ease of administration has given us a measure readily adaptable to any local infectious situation and can offer no excuse to a parent who has not yet had a child protected against 'polio.'

THE STATE OF PROTECTION OF PERSONS RECEIVING POLIOMYELITIS VACCINE IN 1962.

Persons born in	1962	1961	1943/60	1933/42	Special Group	% given at Clinics
Salk Vacc. (by injection)	1st 2nd 3rd 4th	13 1 103 71	135 234 45	17 77	23 190 21	
Total	930	14	238	350	94	234
Sabin Vacc. (oral)	1st 2nd 3rd	— 1 43	6 9 117	14 19 147	7 8 44	7 32 159
Total	613	44	132	180	59	198
Course completed with Sabin (oral)	3rd	—	64	181	16	90
Total	351					65%
Booster 4ths (oral) after 3 Salk	4th			497		40
Total	537					90%

B.C.G. Vaccination.

This is provided under powers for the prevention of illness (Section 28) and not under our Schemes for Vaccination and Immunisation.

The vaccination of contacts of known cases is carried out by the Chest Physician with the tuberculosis Health Visitor. The vaccination of school children is carried out by the Medical Officer of Health or his deputy. We are working towards offering this protection from age 10 years onwards and will in due course move from the secondary schools to the junior school upper age group. We now offer B.C.G. to every child in his or her first year in senior school.

Contacts—

No. skin tested	...	97	
Found negative	...	81	Positive ... 16 (16.5%)
Vaccinated B.C.G.	...	73	

Routine protection—	12/13 age group	Older age group (Public Schools)
Number in Group	559	
Consents to test	550	74
Found negative	500	65
Vaccinated B.C.G.	500	65

Amongst the routine tests are some children who have previously been vaccinated B.C.G. and show a satisfactory positive response. It is quite usual for parents to send in a consent form asking for such a check test.

The follow-up of positive tests is carried out by the tuberculosis Health Visitor under the Chest Physician's direction on a basis determined by the degree of skin reaction.

B.C.G. VACCINATION OF SCHOOL CHILDREN. 1957-1962.

Year	Appropriate School population	Test	No. Tested	% Possible	Test +ve	%	Test -ve	Vacd. B.C.G.
1957	618	Mantoux	481	78	48	10.0	433	433
1958	710	Heaf	639	90	56	8.7	583	583
1959	937	Heaf	712	85	81	11.4	631	631
1960	612	Heaf	511	83	37	7.0	474	474
1961	801	Heaf	695	86	31	4.4	639	634
1962	559	Heaf	550	94	50	9.9	500	500
Total 6 years	4,237		3,588		303	8.4	3,260	3,255

Ambulance Service.

By the end of the year the plans for the new Ambulance Station were completed and agreed with Kent County Council (Joint Service) and in the course of 1963 work will be started on the Old Ruttington Lane site. For the first year since the National Health Service began the number of patients carried showed no increase and the mileage figure for the last three years shows some steady. The Hospital Car Service was used wherever appropriate and available and a 10% increased mileage was run on approximately the same number of cases.

A very close liaison exists with the County stations in East Kent and co-ordination of journeys is achieved. The development of the Kent and Canterbury Hospital as an accident centre for a wider area will vary the load but not necessarily increase it. Discharges and transfers are likely to increase in the periods of lighter manning. The personnel now include day crews as well as crews on rota shift.

AMBULANCE SERVICE.

	1952	1960	1961	1962
Total Patients Carried	19,315	33,390	34,091	33,411
Outpatients	14,899	27,926	28,675	27,917
Admissions, Transfers, Accidents, etc.	4,416	5,712	5,416	5,494
Mileage	118,515	157,268	154,039	158,106

Hospital Car Service : 106 patients; mileage 7,378.

Health Education.

The general statement given on page 7 of the 1960 Annual Report is still a fair description of such work. But during 1962 a new impetus was given to health education on the dangers of cigarette smoking by the Report on "Smoking and Health" published by the Royal College of Physicians. Full advantage was taken of the surge of public interest. By the use of posters and talks in clinics the importance of this matter was put over to the mothers. By the use of a film, "Time pulls the Trigger," as an introduction, talks were given in schools. An approach was also made to heads of schools about the attitude of the staff to smoking and any rules which applied, and it was satisfactory to find that the importance of not smoking in front of pupils was fully accepted.

As in the earlier years of the campaign against lung cancer British Railways was approached to provide more space for non-smokers on trains to and from Canterbury. The reply was non-committal, but it is worthy of note that in the twelve months since then changes have been made. The annual rise in deaths from lung cancer continues and the increase is likely to go on until a reversal of the smoking habits of the community is established. The female sex whose growing addiction to the cigarette is only of 30 years duration is in a stronger position to reverse the trend than the male sex, and amongst mothers it is essential that they should never calculate the family pocket money to include the cost of fags.

There is a clear relationship between smoking and chronic bronchitis and the latter is a disease in which the attack is to be measured in reduced employability and early breakdown in working capacity, with all that this means to a man's wife and family. This is the insidious risk at the end of the fag dangling from the busy man's mouth.

Health Education on the dangers of cigarette smoking must go on from year to year and will be a prominent activity for some time

to come until parents accept it as their responsibility in bringing up the family.

Dental hygiene and the prevention of caries was given greater attention during the year and the health visitors, guided by the Principal Dental Officer, gave some prominence to the subject in their talks. As it was only at the end of 1962 that another important health measure for the reduction of dental caries came within the scope of any legal provision for the promotion of health and the prevention of illness, comment will be withheld until the annual report for 1963.

The Deputy Medical Officer of Health attended the conference run by the Chest and Heart Association in conjunction with the Central Council for Health Education on Smoking and School Children.

A useful discussion was held with the Chief Education Officer and Heads of Schools in the City on education in personal relations between the sexes. The Central Council for Health Education and the National Marriage Guidance Council have both produced helpful pamphlets on this subject and the latter in particular does valuable voluntary work in this field of education for adult responsibilities and parenthood. The Church of England Board of Education has now issued a memorandum on sex education.

It is an error to link this aspect of health education with enlightening the public on the risks of venereal disease. Nevertheless, at some stage in their upbringing young people should be warned of the risk of venereal disease in promiscuous sexual relations. But at all times this risk should be kept in the mind of the whole community, adult as well as growing up.

Health Education is a regular feature of the activity in the ante-natal clinic. Farley's made available their film "To Janet a Son." This was shown to a gathering of doctors and nurses who agreed its suitability for wider use and it has been shown with good reactions at a gathering of expectant and nursing mothers in the Central Clinic.

Home Help Service.

We completed plans for an "in service" training course at the Technical College, Canterbury. Mrs. Bumstead, of the Department of Domestic Science, directed the first course which was sufficiently successful to justify further courses and development.

Mrs. Amos, Home Help Organiser, has developed the supervision of the service during the year.

Home Help Service						1962	
						Full-time	Part-time
Maternity	...	...	...	...	...	1	17
Acute Illness	...	...	...	...	...	—	10
Chronic Illness or Infirmit	...	...	...	...	...	—	221
Presence of Young Children	...	...	...	...	...	—	1
Tuberculosis	...	...	...	...	...	—	—
					Totals	1	249
Total cases	...	...	...	...	...		250

Chiropody Service.

Reviewing this service from its inception in 1960 it appears that referrals will level out between 60 and 70 in a year. The number of treatments is, however, likely to increase as so many of the cases referred are both elderly and physically handicapped and will require treatment over long periods. All cases are reviewed after five treatments and at the end of one year.

The majority of patients referred are in the upper age group and living on limited incomes. For such persons the treatment charge is abated and 56 of the patients referred during 1962 received treatment at the minimum cost.

Fifty patients were referred by General Practitioners, 11 by District Nurses and 1 by a Health Visitor. Details are given below :

Elderly and Physically Handicapped	...	26
Elderly	...	32
Physically Handicapped	...	4
		—
		62

Six hundred and sixty-three treatments were given by the Chiropodist of which 321 were to housebound patients.

Mental Health Service.

The service is governed by a sub-committee of four Council members and a co-opted local general medical practitioner.

The general staffing structure was described on page 15 of the 1961 Annual Report.

Miss E. Ford, Supervisor of the Training Centre, intimated her wish to retire at the end of the year and agreed to continue in joint harness with Mrs. Monti, her successor, for the first term of 1963 to help with the reorganisation of the extended centre that now has 50 places. Miss Ford's personal contribution to the development of the Training Centre and to the care of mentally subnormals in

Canterbury and district has been outstanding, from the days when it was housed under St. Andrew's Church at Pin Hill to the present day when the centre gives so much greater opportunity for help and development for these 'ever young' people.

The development of the Training Centre required the appointment of a male instructor.

Care of the subnormal :

In attendance at the Training Centre, end of 1962 :

	Male		Female		Total
	Under 16	Over 16	Under 16	Over 16	
Canterbury	...	3	3	2	11
Kent County Council	3	6	5	7	21
Total	...	6	9	9	32

Summary of Care during 1962 :

Under Supervision	...	...	...	...	34
Awaiting admission to hospital	...	...	...	...	4
Admitted to hospital during 1962	...	...	...	...	3
Cases reported by L.E.A.	...	...	...	...	1
Cases ascertained	...	...	...	...	—
New cases placed under supervision	...	...	...	...	4
Cases removed from supervision	...	...	...	...	8
Deaths of cases under supervision	...	...	...	...	—
Total visits	...	...	...	...	93
Caess admitted to Temporary Care (Circular 5/52)					6
Cases under Guardianship	...	...	...	...	Nil

Mental Illness.

The association between the Mental Welfare Officer and the Hospital for the Mentally Ill has developed satisfactorily during 1962 and co-operation on after-care including visits to patients before discharge from hospital is achieved.

Formal admissions—	Section 29	...	...	11
	Section 25	...	...	6
	Section 60	...	...	1
Informal admissions involving				
Mental Welfare Officer	...	...	...	4
After-care—New cases	...	...	...	18
Current cases	...	...	...	17
Cases removed from after-care	...	...	...	5

Ministry of Health Circular 78/50.

The co-ordinating procedure under which the Medical Officer of Health acts as convener was used on three occasions.

National Assistance Act, Section 47.

It is a measure of the success of the function of the Social and Mental Welfare Officer that no case arose in which an order was considered necessary.

Accommodation for Old People.

The accommodation for old persons in the City is provided in :

- (a) Charity almshouses, 7 groups (3 with wardens and 53 places, 4 unwardened with 30 places).
- (b.) Old People's bungalows, 112 units.
- (c) Old persons' flats, 100 units.
- (d) Old people's units with wardens, Flats 80, Bungalows 66.
- (e) Homes for elderly and infirm :
 - 1. Private—one, 4 places.
 - 2. Local Authority—two, 50 places (30 Female, 20 Male).

Total places 349.

The total accommodation for old persons is therefore 11.3 per 1,000 population of which 8.2 per 1,000 are in supervised units and 3.2 per 1,000 are in unsupervised units. Out of the 253 supervised units, 196 are local authority places, 53 charity places and 4 are private.

Blind and partially sighted Persons.

	No. of cases notified on Form B.D.8 during 1962				9
	Cataract	Glaucoma	Myopia	Others	
No Treatment	...	1	—	2	4
Treatment needed	...	*1	*1	—	—
Treated on follow-up	1	1	—	—	—

*Hospital supervision only.

Nursing and other Homes, and Child Minders.

There is one private nursing home registered for 6 persons, and a Home for 30 deaf persons run by the National Institute for the Deaf. There are no residential nurseries in the City and no names appear on the register of Child Minders. Child life protection supervision of fostered children is carried out by the Children's Officers staff.

Voluntary Organisations.

The Health Department has frequent contact with the following :

Alford Aid Society (also acting for Invalid Children's Aid Association, Save the Children Fund, The Services Aid Associations, and the Council of Social Service).

The Care Committee (Clinic for Diseases of the Chest).

Old People's Welfare Committee.

St. John Ambulance Brigade.

British Red Cross Society.

Women's Voluntary Service (who give great help at our Child Welfare Clinics).

East Kent and Canterbury Marriage Guidance Council.

The Canterbury Society for Mentally Handicapped Children.

The Diocesan Moral Welfare Association.

The Southwark Catholic Rescue Society.

The Family Planning Association and other Community Service organisations and municipal charities.

Training Facilities and Lecturing (outside agencies).

Each senior student nurse from the Kent and Canterbury Hospital spends a day with a District Nurse and a Health Visitor as part of her outside training and the Senior Health Visitor subsequently attends a discussion meeting with the students. These facilities are to be extended to the student nurses at St. Augustine's Hospital.

Trainee health visitors are received in the Department at the request of Training Schools (Royal College of Nursing, etc.), usually for a fortnight during which time they accompany a health visitor on her various duties, and meet with other officers of the department to learn of their work and the services provided.

Such facilities have now been extended to post graduate students studying for the Diploma in Public Health at the London School of Hygiene and Tropical Medicine.

Overseas visitors to other departments are also helped and the B.B.C. overseas broadcasting service used the City as the basis of a programme on the National Health Service. This involved a number of the staff in recorded interviews which were then combined in a series of broadcasts on short wave. A family of long residence in a Council house was the focus of the programme.

The Medical Officer of Health gives lectures to the Part II Training School for Midwives at the Kent and Canterbury Hospital and two of the City Midwives are approved to receive pupil midwives on district.

Civil Defence.

Mr. A. Poole, a member of the Joint Ambulance Service, is instructor to the Ambulance and First Aid Section. Mr. Wead, who has led this section ably for several years, has unfortunately had to retire and we owe a deep debt of gratitude to him for his conscientious enthusiasm.

Infectious Disease Tables.

Cases Notified during 1962.

Disease	Age Group										Quarterly Incidence					
	Age Unknown	Under 1	1-2	2-3	3-4	4-5	5-9	10-14	15-24	25+	Total	1st	2nd	3rd	4th	Total
Measles ...	—	—	—	—	—	—	4	—	3	—	7	4	—	—	3	7
Scarlet Fever	—	—	—	—	3	—	2	1	2	—	8	3	2	2	1	8
Whooping Cough	—	—	—	—	—	—	2	—	—	—	2	2	—	—	—	2
Dysentery ...	—	1	—	—	—	—	—	—	—	2	3	—	—	—	3	3
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Other Infectious Diseases Notified.

Diseases	Age Group							Quarterly Incidence				
	Age Unknown	Under 5 yrs.	5-14	15-44	45-64	65+	Total	1st	2nd	3rd	4th	Total
Acute Pneumonia	1	1	1	3	1	1	7	4	1	—	2	7
Acute Encephalitis (infective)	—	—	—	—	—	—	—	—	—	—	—	—
	Under 5 yrs.	5-14	15-24	25-44	45-64	65+	Total	1st	2nd	3rd	4th	Total
Tuberculosis Respiratory	—	—	—	4	5	—	9	2	2	3	2	9
Other forms	—	—	—	—	1	—	1	—	—	—	1	1

Puerperal Pyrexia.

Sixteen cases were notified, 14 from hospital, 2 in domiciliary practice.

Flexner Dysentery.

Early in October we received information that a seven-week-old baby had been transferred from Kent and Canterbury Hospital to Haine Isolation Hospital with Dysentery (Flexner). The child came from a barrack family. Enquiries disclosed that eight families in the family quarters gave a history of dysenteric symptoms. None had sought medical advice and only three families included possible

cases at the time of enquiry. A child aged four from one of these families was admitted to Haine Isolation Hospital while on a visit to a relative in Margate as a possible dysentery.

Rectal swabs were taken from these families and all proved negative. Precautionary exclusion from school was imposed on suspected children, and schools were alerted and advised on hygienic precautions.

Two other cases of Flexner Dysentery occurred within three weeks, one in a visitor to Canterbury from Nigeria and one in a five-week-old gipsy child admitted to the Children's Ward. None of these cases were in any way connected as shown by typing of the organisms. The barrack baby was Shigella Flexner Type 3a, the Nigerian visitor gave a history of chronic trouble and was type 4a, and the gipsy child was found to be type 2a with a vague connection with a family at Chartham that gave rise to a case of Flexner dysentery in another hospital some time ago. The barrack baby showed the presence of Esch. Coli type 0119 on test at Haine Isolation Hospital as a confusing side issue.

Tuberculosis.

Annual occurrence of Respiratory Tuberculosis over seven years.

	1956	1957	1958	1959	1960	1961	1962
Male ...	10	5	8	6	12	5	5
Female ...	4	4	1	8	7	4	4
	14	9	9	14	19	9	9

No. of Cases on T.B. Register 31.12.62.

Pulmonary		Non-Pulmonary	
M.	F.	M.	F.
118	73	21	12

Venereal Diseases.

Special Clinics are provided in East Kent at the following hospitals. The V.D. almoner service is run from the clinics under the direction of the Venereologist.

Canterbury (Kent and Canterbury Hospital)—

Male—Thursday, 3-4 p.m.

Female—Tuesday, 2-3 p.m.

Dover (Royal Victoria Hospital)—

Male—Monday, 4.30-5 p.m.

Wednesday, 4.30-5 p.m.

Female—Monday, 4-4.30 p.m.

Wednesday, 4-4.30 p.m.

Margate (General Hospital)—

Male—Friday, 11 a.m.-12 noon.

Female—Friday, 10-11 a.m.

Laboratory Services.

Public Health Laboratory—Preston Hall, Maidstone.

Public Analytical Laboratory—South Eastern Laboratory,
33 New Dover Road, Canterbury.

Pathological Laboratory Service—Kent and Canterbury Hos-
pital Laboratory and Preston Hall, Maidstone.

VITAL AND MORBID STATISTICS

Population : Mid-1962—30,720.

Live Births :	Male	265	Illegitimate :	Male	20
	Female	232		Female	12
	Total	497		Total	32

Live birth rate per 1,000 population : 16.1.

Corrected (1.00) for comparison 16.1 : England and Wales : 18.0.

Stillbirths :	Male	—	Illegitimate :	Male	—
	Female	2		Female	—
	Total	2		Total	—

Stillbirth rate per 1,000 live and stillbirths : 4.0 : England and Wales : 18.1.

Total live and stillbirths : 499.

Infant Deaths :	Male	8	Illegitimate :	Male	—
	Female	4		Female	—
	Total	12		Total	—

Infant Mortality per 1,000 live births (total) : 24.1. England and Wales : 21.4.

Infant Mortality per 1,000 live births (legitimate) : 25.8.

Infant Mortality per 1,000 live births (illegitimate) : —.

Infant deaths under 4 weeks :	Male	6
	Female	4
	Total	10

Under 1 week :	Male	3
	Female	4
	Total	7

Neonatal Mortality Rate per 1,000 live births (total) : 14.08.

Illegitimate live births per cent. of total live births : 6.4.

Maternal Deaths (including abortions) : 1.

Maternal Mortality per 1,000 live and stillbirths : 2.0.

Deaths :	Male	176
	Female	242
	Total	418

Death rate (all causes) per 1,000 population : 13.6.

Corrected (0.87) for comparison : 11.83. England and Wales : 11.9.

Infant Deaths—total 12.

Under 1 day (6)	Prematurity	4	3 f. 1 m.
	Pulmonary Syndrome	1	m.
	Congenital defect C.N.S.	1	m.
1 day to 1 week (2)	Cerebral Haemorrhage (Maternal Toxaemia)	1	f.
	Pneumonia and Prematurity	1	m.
1 week to 1 month (2)	Congenital defect (Heart)	1	m.
	Congenital defect (C.N.S.)	1	m.
1 month to 1 year (2)	Broncho-pneumonia	1	m.
	Acute Laryngo Tracheitis (cot death)	1	m.

All Deaths by Age Groups.

	0-1	1-15	15-25	25-45	45-65	65-80	80-90	90+	Total
Male	8	5	3	7	43	76	32	2	176
Female	4	1	—	8	25	103	79	22	242
TOTAL	12	6	3	15	68	179	111	24	418

Causes of Death

1961

1962

Tuberculosis of Respiratory System	..	...	1	1
Tuberculosis, Other Forms	..	..	—	—
Syphilitic Diseases	..	..	—	1
Other infective and parasitic diseases	..	..	—	1
Malignant Neoplasm, stomach	..	..	5	8
Malignant Neoplasm, lung and bronchus	..	..	11	15
Malignant Neoplasm, breast	..	..	7	11
Malignant Neoplasm, uterus	..	..	4	2
Other malignant and lymphatic neoplasms	..	..	32	32
Leukaemia and Aleukaemia	..	..	6	2
Diabetes	..	..	2	1
Vascular Lesions of Nervous System	..	..	58	71
Coronary Disease, Angina Pectoris	..	..	101	90
Hypertension with Heart Disease	..	..	13	16
Other Heart and Circulatory Diseases	..	..	65	75
Influenza	..	..	4	3
Pneumonia	..	..	16	20
Bronchitis	..	..	20	17
Other Diseases of Respiratory System	..	..	3	3
Ulcer of stomach and duodenum	..	..	8	5
Gastritis, Enteritis and Diarrhoea	..	..	4	1
Nephritis and Nephrosis	..	..	6	3
Hyperplasia of Prostate	..	..	2	—
Pregnancy, Childbirth and Abortion	..	..	—	1
Congenital Malformation	..	..	1	3
Other defined and ill defined diseases	..	..	37	22
Motor Vehicle accidents	..	..	6	4
All other accidents	..	..	1	5
Suicide, Homicide and War	..	..	5	5
TOTAL	...	...	418	418

REPORT OF THE PUBLIC HEALTH INSPECTOR FOR THE YEAR 1962

Public Health Department,
Canterbury.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the annual report on the health inspection services carried out in 1962.

As I have for the past six years commented on staff shortage, it is only right I should first mention that for the latter part of 1962 the establishment of public health inspectors was up to strength. We have now been able to resume routine housing inspections and couple with it the Standard Improvement Grant scheme which was transferred to this department during the year.

Now that the target of piped town's water in every house and shop has been achieved, it is perhaps appropriate to make known the new target. This is a bath, hot water supply and indoor sanitation for every house. Notwithstanding your enthusiasm for the Improvement Grant scheme, unless there is amending legislation, it will take a long time to accomplish the second target. However, I am confident that it will be done more quickly than the provision of town's water in every house—this took 141 years.

I should like to record my indebtedness to the Chairman and Members of the Sanitary and Licensing Committee and Housing Committee for the encouragement and sympathetic consideration they have given to the suggestions put before them, and my thanks are due to the Medical Officer of Health and Inspector colleagues and the staff of the Department for their help and co-operation during the year.

I am.

Your obedient servant.

T. L. MARTIN.

Chief Public Health Inspector.

General Statistics.

Complaints received and investigated 600

	Houses	Food Premises	Factories
Number of visits	1441	1147	60
Defects remedied	270	44	—
Informal Notices sent ...	82	126	—
Formal Notices sent ...	15	—	—

Prosecutions :—

For selling a mouldy sausage roll. Fined £5 and £3. 3s. 0d. costs.

For selling a mouldy steak pie. Legal proceedings against shopkeeper dismissed. The Court formed the opinion that there was a delay of seven days between the date of manufacture and delivery of the pie to the retailer.

Housing Acts.

Number of new houses/units erected in 1962 :

1. By the Council	49	
2. By private enterprise	193	
	242	
Houses demolished	75	
	Net increase ...	167

Number of houses in respect of which :

(a) Demolition orders were made	—
(b) Closing orders were made	—
(c) Undertakings not to use for human habitation were accepted	—
(d) Closing orders were determined after houses had been made fit	2
Houses repaired as a result of informal action	92
Houses repaired after the service of Statutory Notice under Public Health Act	12

Houses repaired after service of formal notice under Housing Act—

(a) by owners	—
(b) by Council in default of owner	—

Routine housing inspection was resumed during the year and attention was focused on houses built in the 1880/1900 period. These houses should have a useful life of many years and the objects of the inspection were to put right items of decay and to obtain the views of the tenants of those houses not possessing modern amenities, i.e. bath, wash hand basin, hot water supply, indoor W.C. and food store.

Three hundred houses were inspected and the information obtained may be summarised as follows :—

No. of houses inspected	...	...	...	...	300
No. of houses owner/occupied	...	...	...	...	183
No. needing repair	...	...	...	...	45
No. lacking modern amenities :					
Owner/occupied	...	...	...	...	61
Rented	...	...	...	...	108

The rents varied between 22/- and 35/- per week.

Average occupancy 2.3

No cases of overcrowding were found; in fact, as nearly all the houses have 2 living rooms and a kitchen on the ground floor and 3 bedrooms (or 2 bedrooms and a bathroom) on the first floor, there was considerable evidence of under-occupancy.

There is no evidence of overcrowding in other houses in the City, nor are there signs of large-scale multiple occupation producing the bad conditions found in some towns. There is, on the other hand, a substantial amount of letting of one or two rooms in houses and these are dealt with as discovered. So far 33 notices have been served to improve conditions in these houses. The sub-tenants have been re-housed and the persons controlling the houses can now choose between having no sub-tenants, or doing the work to make the houses fit for habitation, and thus avoid the premises being used as a "jumping off" ground in obtaining priority for council houses.

There are no common lodging houses in the City.

Improvement Grants.

The applications for Discretionary Improvement Grants are investigated and the houses inspected to ascertain state of repair. Twenty-six houses were inspected and in 16 cases the owners were asked to carry out repairs.

In January the Council transferred the administration of the Standard Grant scheme to this department and authority was given for me to approve grants in cases where the statutory conditions are fulfilled. This has certainly reduced the time between application and approval to a minimum and there are cases where this has taken only 9 days.

Fifty-eight applications for Standard Grants were received during the year. Five of them did not satisfy the statutory conditions in that there was not the required minimum of 15 years of life in the properties; 2 others have been withdrawn by the appli-

cants; 2 were not eligible as the applications related to the replacement of obsolete fittings and 2 others were not eligible as the houses had been built after December 31st, 1944. Only 8 of the 58 applications were in respect of rented houses.

Special efforts were made during the year to publicise the Improvement Grant scheme. There was the inspection of 300 houses (referred to previously under heading Housing Acts) and in the case of owner/occupied houses lacking essential amenities the Improvement Grant schemes were discussed with the owner in his own home. One hundred and eight rented houses were found to lack essential amenities and 57 tenants wanted improvements and were willing to pay extra rent. These 57 owners were supplied with improvement grant information, application forms and an offer was made to meet at the house to discuss improvements. The results have been disappointing. One owner has modernised a house, 2 have sold to the sitting tenants, but as regards the other 54, the owners have not submitted any proposals, nor, according to my information, discussed the matter with the tenants.

Owners are now permitted to increase rents by $12\frac{1}{2}\%$ of the cost of improvements and I had presumed that this would have been a sufficiently strong incentive for them to modernise houses, but I have reluctantly come to the conclusion that persuasion is not likely to produce satisfactory results. Many tenants do a surprising amount of work to keep the house in a good state of repair. It is tragic to think that the landlord's apathy can deny these people a proper bathroom when one hears of the upheaval caused by bath night where there is a grown-up mixed family.

The other effort made to stimulate interest in the improvement grant schemes took the form of a three-day exhibition in October in the Slater Hall. The idea which we tried to put forward was "New Life for Old Houses" and the exhibition showed old and new kitchens, improvised bathing arrangements and a modern bathroom. A good selection of gas, electric and solid fuel water heaters and various sanitary appliances were also on view. There were also photographs of actual improvements made in the City; models borrowed from the Ministry of Housing and Local Government showing houses before and after improvement, and diagrams to show owners how to go about improving their houses. In addition, the public health inspectors manned the information desk all the time the exhibition was open. The points which emerged when dealing with enquiries were :

1. The number of people who stated that they had carried out improvements during the last year or so and had not realised that the work could have been done with an improvement grant. An obvious question arises whether there is a need for more national publicity using the medium of wireless and television.
2. There is still a suspicion that there are some hidden snags about improvement grants and quite a number of people

were under the impression that the grant was a loan.

3. Very few inquiries were received from owners of rented houses.

If the necessary essentials are to be provided in the houses built in the 1880-1900 period which provide accommodation for a substantial number of inhabitants, it seems that either a greater financial incentive will have to be offered to owners, or the local authority will have to have the power to require owners to do the work.

Unfit Housing Programme.

The list of unfit houses prepared in 1955 comprised 632 houses and at the end of 1962 451 houses had been dealt with. During this period 95 houses not included in the list were also closed for human habitation or demolished.

During the year the Minister's decision was received on 44 houses represented the previous year and in respect of which the owners of 11 houses had appealed. The compulsory purchase orders were confirmed without modification.

In 1962 7 clearance areas involving 69 houses were represented and all are being dealt with under compulsory purchase order procedure. In the case of the Northgate area of 16 houses no appeals were lodged.

Rent Act, 1957.

	1962	Total to date
No. of applications for certificates ...	—	136
No. of decisions not to issue certificates ...	—	1
No. of decisions to issue certificates ...	—	135
(a) in respect of some but not all defects ...	—	100
(b) in respect of all defects ...	—	35
No. of undertakings given by landlords ...	—	37
No. of undertakings refused by local authority	—	—
No. of disrepair certificates issued ...	—	90
No. of applications by landlords to local authority for cancellation of certificates ...	2	47
Objections by tenants to cancellation of certificates ...	—	16
Decision by local authority to cancel in spite of tenant's objections ...	—	—
Certificates cancelled by local authority ...	2	34
No. of certificates invalid owing to tenant leaving or house demolished ...	—	36
No. of certificates in operation at end of year ...	—	21

During the inspections it was found that 57 of the 136 applicants for certificates of disrepair were living in houses which had been included in the Council's list of unfit houses.

Water Supply.

The Canterbury and District Water Company own the water undertaking and maintain a very satisfactory supply both as regards quality and quantity. Every house in the area has a piped supply of town's water inside the house.

There is close co-operation between the Water Company and the Public Health Department and anything unusual revealed by Company's sampling would be disclosed. The Company carry out bacteriological tests 3 times weekly of the raw water and an independent analyst carries out bacteriological tests monthly and chemical analysis quarterly. All the samples were satisfactory.

The public supply is collected from deep wells in the chalk and it receives a minimal dose of chlorine, more to keep the apparatus in first-class working condition for an emergency than because the supply normally requires it.

The total hardness is 278 parts per million of which 240 is temporary (i.e. deposited on boiling).

Eight samples of water from houses in various parts of the area were sent for bacteriological examination and chemical analysis and all were of excellent quality. The Public Health Laboratory reported that B. Coli presumptive were absent in 100 c.c.s.

There is no plumbo solvent action in the town's water and the fluorides are equivalent to 0.05 parts per million F.

The sampling of water in two local authority school swimming pools was continued and 12 samples were obtained for chemical analysis and bacteriological examination. The samples from both pools during hot weather showed a need for improvement, the total count was rather high. In one sample B. Coli presumptive were found and the alkalinity was rather high. Adjustments were made to both chlorination plants and partial reconstruction was made to the filtration plant at one school. Follow up sampling showed the water to be satisfactory as regards bacteriological examination and considerably improved chemically. The Analyst reported the final samples obtained from these outdoor pools to be rather more alkaline than would be desirable and this matter will be kept in mind when the pools reopen in 1963.

Food Supplies.

Mr. J. H. E. Marshall, M.A., F.R.I.C., was our Public Analyst throughout the year.

Forty-seven formal samples and 68 informal samples were submitted for chemical analysis.

Article			No. of samples	
			Formal	Informal
Dairy cream cakes	1
Milk	5

Channel Island Milk	...	...	...	6	—
Non-alcoholic drinks	...	...	...	—	5
Mineral waters	...	...	...	—	6
Whisky	...	...	...	4	—
Ice cream	...	...	...	—	3
Sausage meat	...	...	...	4	1
Fish cakes	...	...	...	—	7
Milk loaves	...	...	...	—	2
Sweets	...	...	...	—	4
Margarine and lard	...	...	...	1	2
Faggots	...	...	...	—	2
Evaporated milk	...	...	...	—	2
Tinned and fresh cream	...	...	...	3	1
Meat products	...	...	...	—	4
Canned peas	...	...	...	—	3
Canned fish	...	...	...	—	3
Chocolate beverages	...	...	...	—	2
Jellies	...	...	...	—	2
Soups	...	...	...	—	5
Mincemeat	...	...	...	5	—

and one each of the following : ground almonds, toasted egg rusks, yoghourt, tea, apple, flakes, biscuits, milk products, chocolate liqueurs, children's aspirin and toothache tincture.

All except 5 were satisfactory, and these were :

- No. 1845. Sausage meat containing 180 parts per million of sulphur dioxide. No notice regarding preservatives exhibited. Warning to vendor.
- No. 1846. Sausage meat containing 100 parts per million of sulphur dioxide. No notice regarding preservatives exhibited. Warning to vendor.
- No. 1847. Sausage meat containing 50 parts per million of sulphur dioxide. No notice regarding preservatives exhibited. Warning to vendor.
- No. 1871. Faggots containing 190 parts per million of sulphur dioxide. (Preservatives are prohibited in faggots). Warning to manufacturer.
- No. 1900. Fruit drink. This contravened the Labelling of Food Order in that the presence of vitamins was claimed but the amount was not stated. Warning to manufacturer who amended his labels.

The average composition of the 26 samples of milk (excluding the Channel Island Milk) was 3.69% fat and 8.68% solids-not-fat. The minimum standards are 3% and 8.5%.

Public Health (Preservative in Food) Regulations.

All the samples in the preceding table were examined and the 4 contraventions are noted above.

Food Hygiene.

Types of food premises in the area :—

			Inspections
School and works canteens	...	...	40
Restaurants and cafes	...	...	60
Butchers	...	...	31
Bakers and confectioners	...	...	21
Grocers	...	...	88
Fried fish shops	...	...	6
Wet fish shops	...	...	7
Sweet shops	...	...	25
Public houses	...	...	84
Greengrocers	...	...	20
Other food premises	...	...	4

Number of registered premises :—

Dairies	...	...	5	19
Premises from which bottled milk is sold			30	15
For the manufacture and sale of ice cream			4	124
For the preparation of sausages or processed food	...	...	40	3

Steady progress is being made again concerning improvements to the many food premises. The progress during the first half of the year was rather slow on account of staff shortage and towards the end of the year more frequent inspections were possible. It is important that there should be a regular inspection of food premises, in some instances more often than in others, if a deterioration in standard is to be prevented.

Most grocers' shops now possess frozen food units selling a wide range of pre-packed vegetables, fruit, cream cakes and meat. While acknowledging that this comparatively new method of selling food may result in cleaner food, observation of some of these units has raised a suspicion that stock rotation could be much improved. In fact some look as if a jumble sale has been in progress.

Sixteen complaints were received concerning irregularities in food and the following action was taken :—

1. Cooked meat alleged to contain a worm approximately $\frac{3}{4}$ in. long. The "worm" was a blood vessel. No further action.
2. Sausage roll alleged to contain a drawing pin. Investigation showed that the person who actually found the drawing pin was not willing to give evidence. No further action.
3. Traces of black oil/grease in white loaf. Warning to baker.
4. Sweets alleged to have caused illness. Analyst reported the sweets to be free from toxic metals, etc. No action.
5. Tinned carrots said to have a petrol-like flavour. Not proved. No action.

6. Milk bottle containing fat and gritty particles on interior surface. Warning to dairyman.
7. Strawberry jam containing ant. Manufacturer cautioned.
8. Doughnut containing dark coloured substance approximately $\frac{1}{4}$ in. in size. Analyst reported the dark coloured material to be dirty dough. Baker cautioned.
9. Mouldy sausage roll. Shopkeeper fined £5 and £3. 3s. 0d. costs.
10. Mouldy steak pie. Legal proceedings against shopkeeper dismissed. The Court formed the opinion that there was a delay of 7 days between the date of manufacture and delivery of the pie to the shopkeeper.
11. Packet of self-raising flour containing fragments of straw and other debris which should have been removed by flour screening process. Warning to flour miller.
12. Loaf containing dark coloured streaks. The Analyst reported—"These stains could have been caused by machine oil." Warning to baker.
13. Mouldy meat pie. Investigation into complainant's statement indicated that it would be unwise to take legal proceedings. No further action.
14. 12oz. tin corned beef with unusual flavour. Analyst reported—"Flavour very meaty, not sour." No further action.
15. Cheese and cress roll containing a mass of brown material resembling compost and measuring approximately $1\frac{1}{4}$ in. x $\frac{3}{8}$ in. Analyst reported—"The material consisted of a mat of roots from cress." The vendor was interviewed and cautioned.
16. Tin of pineapple containing pair of rubber gloves. Inquiries were still going on at the end of the year.

Inspection of Food.

Meat from the Council-owned Abattoir is distributed over most of Kent and into adjoining counties.

The Abattoir has been officially recognised by the German authorities for the export of meat and meat products to the Federal Republic of Germany. At the end of 1962 a modest start was made on exporting meat to Belgium. These new developments will be watched with interest and it would not be surprising if this trade grew as Canterbury's Abattoir is the nearest factory Abattoir to the European continent.

The arrangements whereby inspectors are engaged full-time at the Abattoir for meat inspection purposes has worked very well, and has allowed district inspectors at the office to devote much more time to routine duties. Overtime and week-end duties at the Abattoir are shared between all the additional inspectors. For the third year running there has been an increase in the number of animals slaughtered at the Abattoir; the figures for 1962 show an increase of nearly 5% over the previous year.

		Cattle Exclud- ing Cows	Cows	Calves	Sheep	Pigs
Number killed ..	...	8,168	1,083	2,163	19,988	20,417
Number inspected ..	...	8,168	1,083	2,163	19,988	20,417
(Figures for 1961) ..	...	8,903	1,099	1,751	20,001	17,802
(Figures for 1960) ..	...	5,681	675	1,459	17,148	17,373
All diseases except T.B. and Cysticercus bovis						
Whole carcases condemned		4	7	16	49	44
Carcases of which some part or organ was condemned		3,217	562	9	1,281	5,651
Percentage of the number inspected affected with diseases other than T.B. or Cysticercus bovis ...		39.42	52.54	1.15	6.65	27.94
Tuberculosis only ...	...				
Whole carcases condemned		1	—	—	—	1
Carcases of which some part or organ was condemned		44	24	—	—	602
Percentage number inspected affected with T.B. ...		0.55	2.22	—	—	2.94
Cysticercus bovis						
Whole carcases condemned		—	—	—	—	—
Carcases of which some part or organ was condemned		9	1	—	—	—
Percentage of the number inspected affected with Cysticercus bovis ...		0.11	0.09	—	—	—

CARCASES FOUND TO BE UNFIT.

(B=bovine, P=pigs, S=sheep, C=calves).

	B	P	S	C
Tuberculosis	1	—	—	1
Septicaemia/Pyaemia	2	3	3	17
Septic Pneumonia	—	1	1	2
Septic Pleurisy	—	—	1	3
Septic Peritonitis	—	2	1	3
Septic Metritis	—	—	—	2
Pregnancy Toxaemia	—	—	5	—
Mastitis	—	—	2	—
Uraemia	—	1	—	1
Leukaemia	1	—	—	—
Multiple Tumours	—	—	1	—
Lymphadenitis and Renal Tumours	—	—	—	1
Multiple Cysts	—	—	1	—
Injuries with complications	—	—	—	2
Extensive Bruising	4	—	—	1
Fascioliasis and Oedema	—	—	3	—
Emaciation and Oedema	4	1	29	5
Immaturity	—	6	1	1
Moribund	—	2	1	6
Totals	12	16	49	45

Parts of carcasses and offal found to be unfit on account of :—

Tuberculosis	...	...	...	...	8,381 lbs.
Fascioliasis	...	...	...	...	37,090 lbs.
Cirrhosis	...	...	...	...	2,680 lbs.
Abscesses	...	...	...	...	6,981 lbs.
Pneumonia, pleurisy, pericarditis and peritonitis	...	...	...	...	4,873 lbs.
Actinomycosis	...	...	...	...	2,493 lbs.
Cysts and parasites	...	...	...	...	11,423 lbs.
Cysticercus Bovis	...	...	...	...	169 lbs.
Miscellaneous conditions	...	...	...	...	10,352 lbs.
				Total	84,442 lbs.
Weight of carcasses condemned				...	15,835 lbs.
Total weight of condemnation				...	100,277 lbs.

A detailed examination of every bovine carcase was made to discover the presence of cysticercus bovis, which is the larval state of the tapeworm *Taenia saginata* found in man. Ten localised infestations (0.1% of animals slaughtered) were found and an analysis of these cases is as follows :—

		Cows	Heifers	Steers	Bulls
Site of lesion:—					
External Masseter	...	—	3	1	—
Internal Masseter	...	—	—	1	—
Heart	...	1	—	3	—
Diaphragm	...	—	1	—	—

Percentage of animals affected by tuberculosis based on the total number of animals entering the abattoir.

		Cattle excluding Cows	Cows	Pigs
1962	...	0.55	2.22	2.94
1961	...	1.43	10.65	2.86
1960	...	2.7	4.7	3.5
1959	...	3.8	15.6	3.6

During the year 71 cattle which had reacted to the tuberculin test carried out by the Ministry veterinary surgeons were sent in for slaughter. This is a decrease of 167 over the previous year. If the 71 reactor cattle which came from various parts of the south eastern region were excluded, the figures for normal entry cattle would be :

1962	...	...	Cattle	Cows
			excluding	Cows
			0.50%	0.29%

If the figures for 1953 (the first year the Abattoir was operating) are looked at, i.e. :

Cattle	Cows
excluding	Cows
9.2%	22.5%

it will be seen how successfully the scheme to eradicate tuberculosis from bovines is progressing. The 1962 figures would have been lower but for 359 cattle sent direct from Ireland for slaughter. Canterbury Abattoir has been approved by the Ministry of Agriculture, Fisheries and Food as a slaughtering point for cattle received direct from Ireland, and there is a much higher incidence of tuberculosis in Irish cattle than for cattle from this country.

Any occurrence of tuberculosis found in cattle, other than reactors or Irish cattle, is telephoned to the Animal Health Division of the Ministry, so that an immediate visit can be made to the farm concerned. This co-operation between this department and the Animal Health Division is an important factor in the ultimate object of eradicating completely tuberculosis from cattle in this country.

Milk.

There are eight milk retailers in the City and 30 general shops are registered for the sale of sterilised and/or pasteurised milk.

All the milk sold by retail, with the exception of a few pints of tuberculin tested sold by a producer/retailer, is either pasteurised or sterilised. The untreated milk comes from an adjoining district, and as the local authority concerned carries out biological sampling, it is not considered necessary for the Canterbury authority to carry out any testing for the presence of tubercle bacilli and *Brucella abortus*.

Three firms are licensed by the City Council to pasteurise milk. Two have H.T.S.T. plants and one a holder type of plant. One hundred and two samples were obtained to check (a) the pasteurising process (Phosphatase test) and (b) the keeping quality of the milk at the point of delivery to the retailer (methylene blue test). All were satisfactory.

Milk in Schools Scheme.

All milk sent to schools under the control of the Education Committee has been pasteurised and the samples obtained satisfied the tests.

Milk (Special Designation) Regulations.

The following licences were granted by the City Council under the above :—

To pasteurise milk ...	...	...	...	3
To deal in pasteurised milk ...	...	...	...	23
To deal in sterilised milk ...	...	...	...	18
To bottle tuberculin tested milk ...	...	...	...	2
To deal in tuberculin tested milk ...	...	...	...	2

Ice Cream.

There are four premises registered for the manufacture and sale of ice cream, two for the storage of ice cream and 109 for the sale of ice cream; of these, 103 sell only the pre-packed variety.

Four applications were received in 1962 for the registration of premises for the sale of ice cream.

Fifty-eight samples submitted to the methylene blue test for bacterial cleanliness were classified as follows :—

		Figures for comparison			
		1962	1961	1960	1959
Grade 1	...	39	19	16	28
„ 2	...	10	13	12	6
„ 3	...	5	5	9	5
„ 4	...	4	1	5	6

(Ten samples which were delayed in transit on the railway were not tested).

Three grade 4 and three grade 3 samples were from bulk supplies of proprietary ice cream sold in restaurants and it was suspected that faulty serving technique was the cause of the unsatisfactory results. After advice had been given there was a marked improvement in follow-up sampling. One grade 4 and one grade 3 were from a local made product made from milk and butter in which it had been suspected in the past that the presence of *B. Cereus* were the cause of grade 3 and 4 results. The results of samples from this source were considerably better than in the previous year, thus proving the efficiency of the acid sterilising agents now used.

Public Houses.

These premises were re-visited during the year when attention was given to glass washing, cleanliness and sanitary accommodation. As a result of action taken some ten years ago all have proper

glass washing facilities. The beer cellars of 22 houses required cleansing and repair. In 34 houses the urinal accommodation was considered to be obsolete and insanitary, and action was taken at the end of the year to replace the tarred wall type of accommodation with glazed slabs and channels.

Health Education.

The Inspectors have always realised the importance of health education and have done whatever has been possible during visits to food premises and in talks to groups of townspeople.

During the year a three-day exhibition was organised and details of this can be found in the Improvement Grant section of the report.

Shops Act, 1950

The department is responsible for the following matters under the Act : ventilation, heating, sanitary conveniences, lighting, washing facilities and facilities for taking meals.

Thirty-six shops were inspected and apart from some minor defects which were attended to, they were found to be satisfactory.

Noise Abatement Act, 1960

Complaints were received of noise from an industrial process carried on at night time in a factory which had been partly pulled down pending an enlargement scheme. The management readily acted on suggestions made to minimise the noise during the re-building of the factory and special precautions against noise are being incorporated in the extended premises which are due to be completed in early 1963.

Clean Air Act, 1956

The Council's Model Byelaws relating to new buildings contain a provision that heating and cooking appliances are to be of a type suitable for the burning of approved fuels.

The City Engineer is responsible for Section 10 of the Act which concerns the height of chimneys and close co-operation exists between our departments over this matter.

It was not possible to take a sufficient number of smoke observations, but 3 contraventions were recorded against one firm and after a warning had been given, some improvement took place.

Complaints were received regarding a heavy deposit of soot particles from a boiler. The complaint was justified and the matter was taken up with the committee concerned.

Details of 1 new boiler installation were received and approved under Section 3(2).

Public Health Act, 1961.

One notice was served under Section 17 where the occupier of business premises was permitting a drain to overflow and the Council carried out the necessary work in default.

Five certificates were issued under Section 15 where immediate action was necessary by the Council to open up blocked sewers. In these cases the owners of the premises served by the sewers are responsible for the maintenance of sewers and the certificates referred to dispenses with the need to serve a 7 days' notice prior to carrying out work.

Diseases of Animals Acts.

Nine licences granted by the Council under the Diseases of Animals (Waste Foods) Order, 1957, for the boiling of waste food for feeding to pigs were in operation at the end of the year. The plant operators were visited and reminded to give strict compliance to the Order.

Slaughter of Animals Act, 1958.

The Council issued 16 slaughtermen's licences during the year and 3 of the licences include the slaughter of horses.

The requirements of the Act which are designed to eliminate as far as possible cruelty to animals during slaughter are strictly complied with. In fact the present day slaughterman is far more "prevention of cruelty" minded than his predecessor and requires no prompting.

No Jewish or Mohammedan methods of slaughter are carried on in the City.

Caravans

There are no licensed caravan sites in the City.

As may be expected some unauthorised camping occurs. Holidaymakers "pull in" for the night and are usually gone early the following day, but steps have to be taken to get pseudo-Romanies and travelling salesmen to move from several pieces of disused land which attract these nomads. Incidentally, they appear to fall into two sharply divided groups, the very clean and the very dirty. There is no doubt that the former suffer as a result of the filthy habits of the latter and it is with some reluctance that they are hustled out. The insanitary condition of land occupied even for short periods by the dirty section of these caravanners has to be seen to be believed, and I have doubts whether they will ever fit in satisfactorily with life in a civilised community.

Fertilisers and Feeding Stuffs Act, 1926

Nine samples of animal feeding stuffs were obtained for analysis by the Official Agricultural Chemist and the following four were not satisfactory :—

	Declared			Found		
	Oil	Protein	Fibre	Oil	Protein	Fibre
Grazing cubes	2.5%	14.0%	8.5%	4.2%	11.3%	7.5%
Broiler starter crumbs ..	3.25%	23.5%	2.75%	4.4%	22.3%	2.8%
Layers pellets	3.0%	16.0%	4.5%	3.6%	18.8%	3.2%
Poultry fattening mash ..	2.5%	15.5%	3.8%	2.1%	17.0%	4.7%

Warnings to the manufacturers were issued in each case.

Rag Flock and other Filling Materials Act, 1951

Two premises are registered under Section 2 of the Act, not so much because new articles are made, but so that they can execute orders for new work in the event of being asked. The business carried on is confined to the repair and renovation of customers' own articles, and the filling materials used for this work are not now subject to control. No samples were taken in 1962.

Dustbins.

The scheme adopted in 1950 for the Council to supply dustbins at a rental was continued. Since 1957 the rental has been 7/- per year and at the end of 1962 2,762 bins had been supplied. During 1962 161 new dustbins were supplied.

Infectious Diseases, etc.

Fifty-six visits were made and 2 houses were fumigated on account of tuberculosis and scarlet fever.

Foul Linen Service

The part-time rodent operator also assists in the foul linen service which is operated by the Council to help elderly ailing people. The work involved is checking the articles for the laundry, taking the clothing to the Nunnery Fields Hospital Laundry and returning the clean clothing to the owners. One thousand nine hundred and thirty-nine bundles of clothing were handled in 1962.

Knackers Yard

One building is licensed by the Council for the slaughter of horses and other animals. Only a small trade is carried on. All animals are slaughtered in a humane manner and the proprietors dispose of the meat uncooked for cat and dog food.

Verminous Houses.

One Council house and 2 other houses were found to be verminous and were disinfested by the Public Health Department staff.

The scheme put into operation in 1948 to prevent the spread of vermin in Council houses was continued, but owing to staff shortage in part of the year it was not possible to inspect the furniture and effects of prospective tenants. As in the past, each house, whether old or new, is given a precautionary spraying with insecticide before occupation commences and in the year 220 such sprayings were done.

The staff carried out 23 fumigations to rid premises of wasps' nests.

Rodent Control.

One part-time rodent operator is employed by the Council and the methods used are those recommended by the Infestation Branch of the Ministry of Agriculture.

Complaints were received from 170 persons; 130 were in respect of infestation in private houses and 40 were from occupiers of business premises. During the investigation of these complaints 45 additional infestations were discovered.

A maintenance treatment of the sewers was carried out in November and it would appear that the number of rats is being kept at a very low level.

The operator, who also assists with other public health work, was kept fully occupied and the following is a summary of the rodent work carried out :—

Visits to houses ...	...	...	...	582
Visits to other premises ...	...	...	...	549
No. of premises cleared :—				

Rats

Houses	...	...	...	73
Business premises	...	...	...	24
Other premises	...	...	...	30

Mice

Houses	...	...	...	8
Business premises	...	...	...	7
Other premises	...	...	...	4

No charge is made for rodent extermination in house property, but a charge for the work done in business premises based on time spent and cost of materials, is made to the occupier.

Agriculture (Safety, Health and Welfare Provisions) Act, 1956.

Seven farms were inspected and the sanitary accommodation for employees was found to be reasonably satisfactory.

FACTORIES ACTS, 1961

1. Inspections for purposes of provisions as to health.

Premises (1)	Number on Register (2)	Inspec- tions (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	38	19	—	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	160	41	6	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	—	—	—	—
TOTAL .. .	198	60	6	—

2. Cases in which Defects were Found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness .. .	1	1	—	—	—
Overcrowding .. .	—	—	—	—	—
Unreasonable temperature ..	—	—	—	—	—
Inadequate ventilation .. .	2	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences:					
(a) Insufficient .. .	1	—	—	—	—
(b) Unsuitable or defective	5	1	—	—	—
(c) Not separate for sexes	1	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) .. .	—	—	—	—	—
TOTAL .. .	10	2	—	—	—

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER 1962

Mr. Chairman, Ladies and Gentlemen,

The report on the work done by the School Health Service during 1962 shows that in 99% of the routine medical examinations the medical officer was satisfied with the physical condition of the pupil. As these examinations were carried out on one-third of all the pupils the result is gratifying. Nevertheless the defects identified still justify this routine procedure. We continue to seek ways to improve the identification of those children who warrant and will benefit from special examination and follow up, and to avoid the submission of a child to unnecessary procedures. We are helped in this if the parent gives reasonably accurate information on a child's health history. The enquiry form issued for completion by the parent in advance of the routine examination has been developed to bring out points of value and guidance to the examining medical officer. This helps the doctor, without disregarding other systems, to concentrate attention where this is required and removes the danger of routine monotony. We are not yet confident that a questionnaire can provide a basis for screening out those who do not require routine medical examination.

Our conservative attitude to the removal of tonsils continues and only two cases were referred with this in view.

Greater attention was directed to hearing defects and the arrangements are fully described. Colour vision testing was developed by the use in screened out cases of the Giles-Archer lantern. This is also discussed in the report and an appendix describes the examination and the significance of the findings.

The success of our work depends on good working relations with Heads of Schools and the Chief Education Officer's staff, and we are greatly helped by their willing co-operation with us. At the same time a full measure of co-operation must be achieved with the family doctors and specialists if the child is to receive the maximum benefit from our care, and we strive towards this always.

MALCOM S. HARVEY.

General Information.

Number of School Departments :

Primary	...	...	...	...	...	...	9
Secondary Modern	...	...	...	...	...	...	2
Technical	...	...	...	...	...	...	2
All age	...	...	...	...	...	...	1

Number of Scholars on Roll at end of 1962 :

Primary	...	...	...	...	...	...	2,487
Secondary Modern	...	...	...	...	...	...	1,494
Technical	...	...	...	...	...	...	723
All age	...	...	...	...	...	...	425
						Total	5,129

Children given routine medical examination—1,659

Other special examinations—1,186.

The number of children found to be suffering from skin conditions, evidence of infestation and other defects are referred to in Tables S2 to S6 which are given at the end of the report.

The following details are of particular interest :

Nose and Throat.

While only two cases were so referred by the School Health Service 47 children were known to have received operative treatment for adenoids or tonsils, and 10 for other conditions of nose or throat.

Hearing Defects.

Arising from routine examination 98 children were referred for observation and 11 for treatment. Arising from special inspection 223 were noted for further observation and 72 referred for full investigation or treatment. Four children were known to have been provided with hearing aids in 1962 and 8 were already using them.

Vision.

One in seven of the children seen at routine medical inspection were found to have a defect of vision, and 145 pupils had spectacles prescribed. One per cent. had squint.

Speech Therapy.

Eight cases were found at routine inspections and 10 at special inspections who required referral for Speech Therapy. Thirty-nine other cases are under observation of progress. The Kent County Council's Speech Therapy Clinic in Whitstable Road treats Canterbury cases.

Referrals, 1962	...	...	...	...	18
(Total Waiting for Treatment—31)					
No. receiving treatment	...	...	...	...	21
No. of cases discharged	...	...	...	...	11
Cases closed having made good progress					8
Left the district	...	...	...	...	1
Non-attendance	...	...	...	...	1

Lip Reading.

A class for partially deaf children is run in the May Hooker Clinic on Saturday mornings. Cases from the surrounding County area are received, thus reciprocating the help given to Canterbury in Speech Therapy. The same financial arrangement applies to each service.

When pupils reach school leaving age they pass on to a similar lip-reading class held in Canterbury Technical College under further education arrangements.

Eleven pupils attended the clinic, 4 from Canterbury and 7 from the County fringe. These cases made 157 attendances.

Close contact is maintained with the Hearing Aid Centre of the Kent and Canterbury Hospital.

Actinotherapy.

Nineteen cases attended the U.V.L. sessions at the School Clinic during the winter and autumn in 1962.

B.C.G. Vaccination.

The age group covered by this protective procedure is being brought gradually lower in accordance with the Ministry approval given to offer it from age 10 years onwards. A full report is given in the M.O.H.'s report in earlier pages.

Other Protective Vaccinations.

The staff of all schools co-operate most helpfully in any visits to schools. For figures see M.O.H. report.

Minor Ailments.

A total of 4,034 attendances were made by pupils at the School Clinic either on the way to school or on the way home from school, or at the minor ailment treatment rooms attended by the school nurse at two outlying schools.

Young Children Handicapped by Impaired Hearing.

At the beginning of the year a pure-tone transistor audiometer was purchased. A weekly session is held by the School Medical Officer at the School Clinic. It is possible to test children from about 4 years of age. This screening procedure is followed where necessary by referral to the Special (Audiometry) Clinic at the Kent and Canterbury Hospital. In all cases the general practitioner is first notified of the findings.

In the beginning all school children with a history of ear disease or suspected loss of hearing were tested. Later those with speech defects were tested. Whenever possible an audiogram is done on those children who are brought forward for ascertainment because of educational backwardness. No steps are yet envisaged to sweep-test school entrants.

A register of children with impaired hearing has been compiled. There are 83 pupils listed, 12 of whom have been supplied with hearing aids. Head teachers are kept informed of pupils who have impaired hearing and those who are using aids. If a child consistently fails to bring the aid to school it may be advisable for it to be kept at school. "Notes of Guidance to Teachers" on the management of pupils and care of aids have been prepared and issued.

The Health Visitors have been trained in the simple screening tests for infants and particular attention is paid to "at risk" groups. Doubtful cases can be referred to the Medical Officer of Health who will arrange for further investigation if necessary. The importance of early investigation has been emphasised.

During the year one deaf child aged two was placed on the Register of Handicapped Pupils and arrangements were made to admit him to the Royal School for the Deaf at Margate, which School was visited by Dr. Slocombe during the year. There are no other pupils at special schools for the deaf. All the children using aids are able to manage in ordinary schools. Certain pupils attend the Saturday morning lip-reading classes held by Miss Vines at the May Hooker Centre. The numbers treated during the year being 4 Canterbury children and 7 County children.

We are very fortunate in having Miss Vines's services in this most important aspect of the teaching of those with impaired hearing. After leaving school, pupils are able to continue training at the adult classes which are held under the Further Education Scheme at the Technical College.

In May Dr. Slocombe attended a three-day course held at the Audiology Unit, Grays Inn Road, London.

Colour Vision Defects.

All school boys are tested using the Ishihara plates at the Intermediate examination. All who fail this test are then seen at the School Clinic where they can now be further divided into "safe" and "unsafe" cases, using the Giles-Archer lantern. The question of suitability of the intended vocation can then be considered. All cases are notified to the Youth Employment Officer who knows those vocations where there is a restriction on colour vision defects.

Bed-wetting.

Special interest is taken in this problem and whenever possible a full history is taken from the parent at the school medical and the child examined. The case is discussed and advice on the best line of approach given. The department has a small number of the electric bell and pad apparatuses for loan in suitable cases. It

is found that the best results are obtained in children over the age of seven, and where a physical or psychological cause is not suspected. The sets are continuously on loan and there is a short waiting list. So far excellent results have been obtained on the selected cases within the three month period generally used. Where indicated by other factors cases are referred to the Child Guidance Clinic who then take over the whole management of the case.

Smoking among School Children.

Following the report of the Royal College of Physicians on Smoking and Health in relation to cancer of the lung and other diseases published early in the year the Ministry of Education intensified its campaign to warn young people of the risks involved in the habit. A description of our work is given in the Health Education section of the report of the Medical Officer of Health. The present impression is that the status of the cigarette smoking pupil is on the decline. The symbolic fag is losing its veneration in school.

School Dental Service,

Principal Dental Officer :

Mr. P. B. Taylor, L.D.S.

The School Dental Clinic was re-equipped with up-to-date dental equipment during the year.

Table of Dental Inspection and Treatment.

Dentures.

Partial Dentures provided	...	...	...	...	...	21
Full Dentures	...	...	...	...	...	—
Additions to existing plates	...	...	...	...	...	—
Repaired	...	...	...	...	...	6
(8 dentures were for immediate insertion following extractions).						

Orthodontic Treatment.

New cases commenced	...	...	...	...	...	13
Cases carried forward	...	...	...	...	...	19
Cases completed	...	...	...	...	...	22
Cases discontinued	...	...	...	...	...	6
Pupils treated with appliances	...	...	...	...	...	13
(Removable appliances	...	14)				
(Fixed appliances	...	Nil)				
Total Attendances	...	...	...	...	...	122
Number of Radiographs	...	...	...	...	...	9

Dental Examinations at Training Centre.

(Under Health Committee).

Examined	...	...	...	...	...	15
Found fit	...	...	...	...	...	8
Treatment	...	...	...	...	...	7
(Remainder absent or impossible to examine).						
Treatment completed	...	...	...	...	...	2

Milk and Meals.

School Milk—3,815 children. School dinners—3,253. Meals provided free of charge to 185 children.

TABLE S.1.

Condition of Children on Routine Medical Inspection.

Age Group	No. Med. Examined	Satis- factory		Unsatis- factory	
		No.	%	No.	%
Entrants	416	411	98.8	5	1.2
Intermediates	583	577	99	6	1
Leavers	660	653	99	7	1
Total	1,659	1,641	98.9	18	1.1

TABLE S.2.

Defects found by Medical Inspection in the year ending
31st December, 1962.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		Requiring treatment	Requiring to be kept under observation, but not requiring treatment
		(1)	(2)		(3)
4	Skin	..	14	68	4
5	Eyes	(a) Vision ..	97	152	170
		(b) Squint ..	3	14	5
		(c) Other ..	6	20	—
6	Ears	(a) Hearing ..	11	98	21
		(b) Otitis Media ..	1	16	4
		(c) Other ..	1	6	—
7	Nose and Throat	..	3	35	4
8	Speech	..	8	17	10
9	Cervical Glands	..	3	6	—
10	Heart and Circulation	..	1	38	—
11	Lungs	..	4	16	6
12	Developmental—				
	(a) Hernia ..		—	1	—
	(b) Other ..		4	43	2
13	Orthopædic—				
	(a) Posture ..		4	16	2
	(b) Flat foot ..		—	48	3
	(c) Other ..		3	45	3
14	Nervous System—				
	(a) Epilepsy ..		—	3	1
	(b) Other ..		4	32	11
15	Psychological—				
	(a) Development ..		6	4	4
	(b) Stability ..		1	10	1
16	Abdomen	..	1	2	1
17	Other	..	2	48	—
Total Number of Children Inspected ..		1,659		1,186	
Number of Children repre- sented in figures above ..		821		927	

NOTE—All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection.

TABLE S.3
MINOR AILMENTS TREATED
(excluding Uncleanliness shown in Table S.6)

						No. of Defects Treated or under treatment during the year.
SKIN:						
Ringworm—Scalp :						—
(1) X-ray treatment	...	...	...	...		—
(2) Other treatment	...	...	...	...		—
Ringworm—Body	...	...	...	...		—
Scabies	...	...	...	...		—
Impetigo	...	...	...	...		—
Other skin diseases	...	...	...	...		199
EYE DISEASE	...	...	...	...		90
(External and other, but excluding errors, refrac- tions, squint and cases admitted to hospital).						
EAR DEFECTS	...	...	...	...		40
(Treatment for serious diseases of the ear is not recorded here).						
Miscellaneous	...	...	...	...		641
						970
Total number of attendances at Authority's minor ailments clinics	...	...	...	...		4,034

TABLE S.4

TREATMENT OF DEFECTIVE VISION AND SQUINT		
(Excluding Minor Eye Defects treated as Minor Ailments)		
Errors of Refraction and Squint dealt with	...	...
Other Defects or Diseases of the Eye	...	...
No. of children for whom spectacles were prescribed	...	145

TABLE S.5

Defects which received operative treatment (through Education Committee arrangements)	—
--	-----	-----	---

TABLE S.6
GENERAL HYGIENE.

(1) Average number of visits per school made by School Nurses	...	...	...	...	...	26
(2) Home visits made as School Nurses	...	...	...	...	...	290
(3) No. of Individual Children found with nits	...	...	...	...	...	42
(4) No. of Individual Children cleansed under Section 54 of the Education Act, 1944	...	...	...	...	...	Nil
(5) No. of cases in which legal proceedings were taken	...	...	...	...	...	Nil
(6) Total individual examinations of pupils in school by school nurse	...	...	...	...	...	8,736

Handicapped Pupils.

		On Register		Newly placed as needing special education treatment	Newly placed	Newly placed (Assessed prior Jan. 1962)	Requiring Special Schools	Under 5 Requiring Special Schools	Reached Parents refused Special Schools	On Registers - Boarding Schools		
Male	Female	Male	Female							Maintained Schools	Non-Maintained Schools	Independent Schools
Blind ...	—	—	—	—	—	—	—	—	—	—	—	—
Partially-sighted ...	4	—	—	—	—	—	—	—	—	—	—	—
Deaf ...	2	—	1	1	—	—	—	—	—	1	—	—
Partially-Deaf ...	—	—	—	—	—	—	—	—	—	—	—	—
Physically Handicapped ...	5	2	2	1	1	1	1	1	1	1	2	—
Delicate ...	17	10	4	2	1	2	—	—	1	1	3	—
Maladjusted	7	—	—	1	1	1	—	—	—	—	3	1
E.S.N. ...	30	12	10	1	2	8	—	—	—	7	3	—
Epileptic...	3	—	—	—	1	—	—	—	—	—	2	—

GILES-ARCHER LANTERN

This is used only on those failing the Ishihara Test. Many who fail Ishihara can still be certain to distinguish Red from Green. The Lantern Test makes sure that a person can without fail tell Red from Green. If so he is colour defective "safe," if not he is colour defective "unsafe."

Procedure :

1. Sit candidate 15 minutes in the dark not less than 6 metres from Unit.
2. Aperture 1. Show complete sequence of colours, asking candidate to **name** them.
3. If he miscalls white light, explain that it is supposed to be white.
4. Repeat with Aperture 2, varying the sequence of the colours.
5. Repeat as before with Aperture 3.

Results :

Colour Normal : The term explains itself—no mistakes whatever.

Colour Defective Safe : Greens and Reds must be correctly named with Aperture 3 in the dark. (Dark red can be misnamed).

Colour Defective Unsafe : Calling Green as Red, or vice versa, with any aperture (if bad on 1, no need to go on to 2 and 3).

Standard Yellow : (S.Y.) is a confusional test only. May be miscalled as Red or Green according to colour of preceding filter. If failure is found here proceed to ordinary yellow (Y) and if that is named without hesitation the test is passed (if this has been the only mistake).

If Ishihara tests are bad and the Lantern tests good, the tests should be very carefully made, altering the sequence and covering the aperture with the hand for each change.

Examine carefully candidates who call Green as White (or vice versa) **or** Red as White (or vice versa).

APPENDIX 2.

COLOUR VISION IN RELATION TO EMPLOYMENT

1. Royal Navy.

Three grades of colour perception.

Grade I (colour vision normal).

Grade III (colour defective safe).

Grade IV (colour defective unsafe).

GRADE I—can enter any branch of R.N. or R.M.

GRADE III—can enter any branch other than seaman, signalman, telegraphist or naval airman.

GRADE IV—are rejected for all branches.

2. Army.

Normal colour vision is required for Royal Engineers—Navigator and Railway Engine Driver, and for Royal Army Service Corps—Navigator and Seaman.

Those colour defective safe would not be accepted for any of the above trades.

3. Royal Air Force.

Normal colour vision is required for the following trades : Radar; Radio and Signals; Armament; Electrical and Instrument; Air Traffic Control; all forms of Aircrew Duties.

4. Railways.

Normal colour vision (the term colour defective safe is not recognised) is required for all Locomotive Staff, and for any required to work on the line such as platelayer, signal staff, guards, etc.

5. Police.

Requirements vary between different Constabularies.

6. Electricity Board.

The Central Electricity Generating Board require employees engaged in multi-coloured wiring work to have normal colour vision but no specific ruling has been made and each case is dealt with individually.

7. Hospital Laboratory Technician.

Colour vision defective unsafe would preclude employment.

8. Printing.

General printing apprenticeships which include colour printing would not be suitable for those with defective colour vision. However, black and white printing such as in newspapers would be suitable.

CANTERBURY CHILD GUIDANCE CLINIC

ANNUAL REPORT, 1962

Comment on the Figures and Staff Changes.

Table 1—The total number of referrals for 1962 has increased slightly, the most significant increase being the number of referrals from private doctors, which had dropped the previous year. Fewer cases were referred from the Courts or Probation Officers. Apart from the fact that City cases have tended to drop slightly, there is no great alteration in the percentages of cases referred from various sources.

Table 2—The distribution of the type of cases referred remains on the whole similar to that of previous years, showing, as usual, a large preponderance of behaviour disorders.

Table 3—There has been a very substantial increase in the number of cases diagnosed and treated at the Clinic, the number of cases taken on for treatment having doubled. This reflects the greater efficiency of the Clinic, brought about largely by a substantial increase in the Psychiatric Social Worker staff. As a result a larger number of cases were also seen for partial service.

Table 4—Apart from the larger percentage in the total number of cases discharged over the last year, the figures show also a slight increase in the number of cases disposed of after preliminary contact with the Clinic and a slightly smaller number of cases discharged after treatment. Percentages in the various assessment categories after treatment remain substantially the same.

Waiting Lists.

The diagnostic waiting list has decreased by nearly 30 per cent. in the last year, but there has been unfortunately no change in the treatment waiting list which is still at a fairly high figure.

Staff.

Following the resignation of the late Dr. Elizabeth Huband in the first quarter of 1962, the Clinic suffered from a shortage of psychiatric sessions and for a time the diagnostic waiting list rose. We were, however, greatly indebted to Dr. L. Barlow who agreed to come on a temporary basis and do four sessions a week at the Clinic.

In addition to Miss Cripps, who is the Clinic full-time Psychiatric Social Worker, we now have two part-time auxiliaries : Mrs. Leslie Sambrook who we were glad to welcome back to the Clinic for four weekly sessions, and Mrs. Newman, our part-time case worker who also does four sessions and is responsible for much of the home visiting on Clinic cases.

STAFF

Consultant Psychiatrist :

G. C. TURLE, M.D., D.P.M.

Educational Psychologist :

MR. G. H. JOYNT, B.A., Ed.B.

Psycho-Therapist :

MISS I. H. BASSOM, B.A.

Psychiatric Social Worker :

MISS M. E. CRIPPS, A.A.P.S.W.

Part-time Psychiatric Social Worker :

MRS. L. SAMBROOK, A.A.P.S.W.

Part-time Social Worker :

MRS. M. V. NEWMAN.

Clerical Staff :

MISS N. DRURY.

MRS. W. THOMAS (part-time).

TABLE C.G.1.

SOURCE OF REFERRAL.

	1962			1961		
	County	City	Out of Area	County	City	Out of Area
School Medical Officer ...	59	10	—	44	26	—
Private Doctor ...	68	5	—	45	2	—
Court or Probation Officer	24	2	—	41	3	—
Education Officer or Head Teacher ...	29	8	—	18	2	—
Parent or Foster Parent	8	3	—	10	2	—
Other Clinics or Psychiatrists ...	15	2	1	27	5	2
Miscellaneous Social Agencies, including Children's Officer, Infant Welfare ...	17	2	—	11	—	—
Educational Psychologist	42	2	—	39	4	—
	262	34	1	235	44	2
		297			281	

TABLE C.G.2.

PROBLEMS REFERRED.

	1962			1961		
	County	City	Out of Area	County	City	Out of Area
Nervous Disorders ...	49	10	—	39	6	1
Habit Disorders...	43	5	—	37	10	—
Behaviour Disorders ...	161	16	1	143	25	1
Organic Disorders ...	1	1	—	2	1	—
Psychotic Behaviour ...	—	—	—	1	—	—
Educational and Vocational Difficulties	7	2	—	12	2	—
Unclassified ...	1	—	—	1	—	—
	262	34	1	235	44	2
		297			281	

TABLE C.G.3.

DISPOSAL OF NEW CASES SEEN.

1962

1961

	County	City	Out of Area	County	City	Out of Area
Diagnosis and Advice ...	35	5	—	31	4	—
Diagnosis and Placement	—	—	—	6	—	—
Taken on for Treatment	113	18	—	56	16	1
Taken on for Supervision	53	6	1	62	15	1
Remedial Coaching ...	2	3	—	5	2	—
Partial Service ...	47	5	—	25	5	—
	250	37	1	185	42	2
			288			229

TABLE C.G.4.

CASES CLOSED.

1962

1961

I NON-TREATMENT	County	City	Out of Area	County	City	Out of Area
Diagnosis and Advice ...	35	5	—	31	4	—
Diagnosis and Placement	—	—	—	6	—	—
Withdrawn before examination, no service given	36	5	—	18	4	—
Withdrawn after Partial Service	47	5	—	25	5	—
Total I	118	15	—	80	13	—
II TREATMENT						
Adjusted	—	—	—	1	—	—
Improved	65	22	1	79	14	—
Unchanged	4	1	—	8	1	—
Unco-operative, (including interrupted or moved away)	28	6	—	23	4	1
Placed after supervision	10	3	—	16	—	—
Total II	107	32	1	127	19	1
Total I and II	225	47	1	207	32	1
TOTAL FOR YEAR			273			240

WAITING LISTS—

December 31st, 1962

December 31st, 1961

	County	City	Out of Area	County	City	Out of Area
Diagnostic	109	16	—	130	23	—
Treatment or Supervision	57	7	—	58	13	—

Staff of Home Health and School Health Services :

Medical Officer of Health and Principal School Medical Officer :
MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health and School Medical Officer :
DR. G. F. SLOCOMBE, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Principal Dental Officer :
MR. P. B. TAYLOR, L.D.S., R.S.D.S.D.

Chest Physician and Adviser on After Care of Tuberculosis :
O. CLARKE, M.D., M.R.C.S.

Medical Officers and Dental Officers (Part-time) :
DR. F. B. CHEESE, M.B., Ch.B.
DR. J. A. CHEESE, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.
DR. M. B. WATSON, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.,
D.Obst.R.C.O.G.
MR. D. F. CROUCH, B.D.S.

Health Visitors and School Nurses :
MISS A. GREY, S.R.N., H.V.Cert.
MRS. P. E. MATHEWS, S.R.N., S.C.M., H.V.Cert.
MRS. P. RUSSELL, S.R.N., H.V.Cert. (Commenced April, 1963).
MISS J. C. BARBER, S.R.N., H.V.Cert.
MRS. C. CARR-JONES, S.R.N., S.C.M., H.V.Cert. (Commenced 12th
June, 1962).
ONE NURSE (Part-time).

Tuberculosis Health Visitor :
MISS A. J. BLUCK, S.R.N., S.C.M., H.V.Cert.

Other Nurses :
MRS. A. F. HARRIS, S.R.N., S.C.M.

Midwives :
J. A. SOULSBURY, S.R.N., S.C.M.
(O. A. ELKINGTON, S.C.M., died 2nd December, 1962).
L. McKAY, S.R.N., S.C.M.
N. E. THOMAS, S.R.N., S.C.M., Q.D.N.S.
D. BURTON, S.R.N., S.C.M. (Commenced 21st January, 1963).

District Nurses (Canterbury District Nursing Association) :
B. PEARSON, S.R.N., S.C.M., Q.D.N.S.
J. E. THOMPSON, S.R.N., Q.D.N.S.
M. K. GILLETT, S.R.N., S.C.M., Q.D.N.S.
MRS. M. DEAL, S.R.N.
MRS. M. E. PERKS, S.R.N., Q.D.N.S. (Commenced 10th June, 1963).

Training Centre :
MISS E. FORD (Supervisor) (Retired 4th April, 1963).
MRS. E. M. MONTI (Supervisor).
MRS. W. COOMBES (Senior Assistant Supervisor).
MISS P. A. SEELEY (Assistant Supervisor) (Commenced 23rd April,
1963).
MRS. L. I. CLARKE (Assistant Supervisor) (Commenced 10th June,
1963).
MR. R. GRADY (Male Instructor) (Commenced 14th January, 1963).
MRS. J. STICKELS (General Assistant) (Commenced September,
1963).

Social and Mental Welfare Officer :
MR. A. W. HEAD.

Supervisor of Home Help Service :
MRS. J. F. AMOS.

Child Guidance Clinic :

Consultant Psychiatrist and Medical Director :

K. M. FRASER, M.B., Ch.B., D.C.H., D.P.M. (Commenced 12th August, 1963).

Educational Psychologist :

MR. G. H. JOYNT, B.A., Ed.B.

Psycho-Therapist : MISS I. H. BASSOM, B.A.

Social Worker :

MISS M. E. CRIPPS, A.A.P.S.W.

Staff of Public Health Service :

Chief Public Health Inspector :

T. L. MARTIN, A.R.S.I., F.A.P.H.I.

Senior Meat Inspector :

A. R. CLARK, M.A.P.H.I., Meat Inspector's Certificate.

Additional Public Health Inspectors :

F. W. BROMLEY, M.A.P.H.I., Meat Inspector's Certificate.

L. G. BOWYER, M.A.P.H.I., A.R.S.H., Meat Inspector's Certificate.

H. MALLOY, Cert.R.S.A. (Scotland), M.A.P.H.I., Meat Inspector's Certificate (Scotland).

E. E. ROUGHTON, Cert.R.S.H., Meat Inspector's Certificate (Commenced 1st August, 1963).

Trainee Public Health Inspector :

G. HOWITT.

Rodent Officer, Disinfector and General Assistant :

A. BAUGHAN (Commenced 1st May, 1962).

Administrative and Clerical Staff :

Lay Assistant : D. PLEDGE.

Senior Clerk : MISS J. MASHMAN.

Clerical Officer : MRS. J. SPICE.

Clerical Staff :

MRS. H. KELLEY (School Health).

MRS. E. M. GREENSTREET (School Health—Dental Clinic).

MISS N. DRURY (Child Guidance Clinic).

MRS. A. BURTON (Central Clinic).

and

THREE CLERKS (Full-time).

THREE CLERKS (Part-time).

